



# Trading Partner Agreement (TPA) Request Application User Manual

**Integrated Behavioral Health Information Systems (IBHIS) Project**

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## **Los Angeles County Department of Mental Health Chief Information Office Bureau Project Management Division Integration Section**

Version 1.6

05/08/2014

## DOCUMENT REVISION HISTORY

Version	Release Date	Revised by	Comments/ Indicate Sections Revised
DRAFT	09/05/2013	DMH Integration Team	Draft Version of User Manual
Release Version 1.0	09/16/2013	DMH Integration Team	Release Version
Release Version 1.1	09/18/2013	DMH Integration Team	Addition of IBHIS Enrollment Section and other minor changes
Release Version 1.2	10/02/2013	DMH Integration Team	Addition of IE10 compatibility release
Release Version 1.3	10/28/2013	DMH Integration Team	B.1. Changed location of TPA Request Application Link under EDI Certification. C.2. Addition of “Provider Connect” in EDI transaction list for Network Providers. - Modified fields (Required / Optional) - Modified Layout - Updated screen shots D.2. Added next steps
Release Version 1.4	1/16/2014	DMH Integration Team	C.2. Addition of Notes in steps 1 and 2 of auto e-mail notification to Trading Partner D.2. Addition of Exporting “Private Key” instructions Updated screenshots and other minor changes
Release Version 1.5	04/02/2014	DMH Integration Team	-Separated document from Digital Certificate – Symantec MPKI User Manual. -C1.1 Addition of Note to clarify TPA login different scenarios.
Release Version 1.6	05/08/2014	DMH Integration Team	-Fixed link in page 22.



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## A. INTRODUCTION

### A.1. Purpose

The purpose of this application is to manage the process of electronically collecting Trading Partner Agreement (TPA) forms, and pertinent information, from Legal Entities and Network Providers who will be exchanging information with the Department of Mental Health (DMH) via Electronic Data Interchange (EDI) for the Integrated Behavioral Health Information System (IBHIS). Trading Partners (TP) exchanging data electronically with IBHIS must complete a TPA to initiate the credentialing process

### A.2. Overview

The TPA application electronically collects and maintains the following information:

- TRADING PARTNER INFORMATION
- TRADING PARTNER DIGITAL CERTIFICATE / TECHNICAL / EDI CONTACT INFORMATION
- BILLER INFORMATION
- CLEARINGHOUSE INFORMATION
- SOFTWARE VENDOR INFORMATION
- CONSULTANT INFORMATION
- TRADING PARTNER BUSINESS CONTACT INFORMATION

The TPA application also allows the TP to download TPA packet. Complete and submit the following items:

- Electronic Trading Partner Agreement
- Confidentiality Oath
- County of Los Angeles Agreement Acceptable Use, and Confidentiality of County's Information Technology Assets, Computers, Network, Systems and Data
- Electronic Signature Agreement

Some of the benefits to using the TPA application are:

- With this “electronic” process, TPs will not need to submit paper forms.
- TPs will be notified via email regarding the submission and approval of their respective submission packet.
- TPs will be able to view their status throughout the credentialing process.

## B. IBHIS ENROLLMENT

The purpose of the Integrated Behavioral Health Information System (IBHIS) Enrollment is for Trading Partners (TPs) to start the IBHIS Electronic Data Interchange (EDI) Process with the Department of Mental Health (DMH).

The Legal Entity and Network providers must submit and receive transactions for claiming services in accordance with their DMH Agreement. For EDI, providers are required to exchange transactions electronically. The requirements for EDI are included in the **Trading Partner Agreement (TPA)**.

### B.1. Accessing the TPA Request Application

1. The TPA application can be accessed by clicking or typing the following URL in your browser:  
<https://extra.dmh.lacounty.gov/TPARequest/Security/SignIn.aspx>
2. The TPA application and other pertinent TP information can also be accessed via the IBHIS site:  
<http://lacdmh.lacounty.gov/hipaa/index.html>

## C. TPA PROCESS

**NOTE: This system is designed for Internet Explorer browser (VERSIONS 7, 8, 9 and 10). Please note that other browsers (e.g. Safari, FIREFOX, CHROME, etc.) are not supported.**

### C.1. Accessing the TPA Request Application

Users must have a TPA credential in order to access the application.

Users without a DMH assigned RSA Card, must complete and submit a “Trading Partner Agreement Request Application Access Form” located:

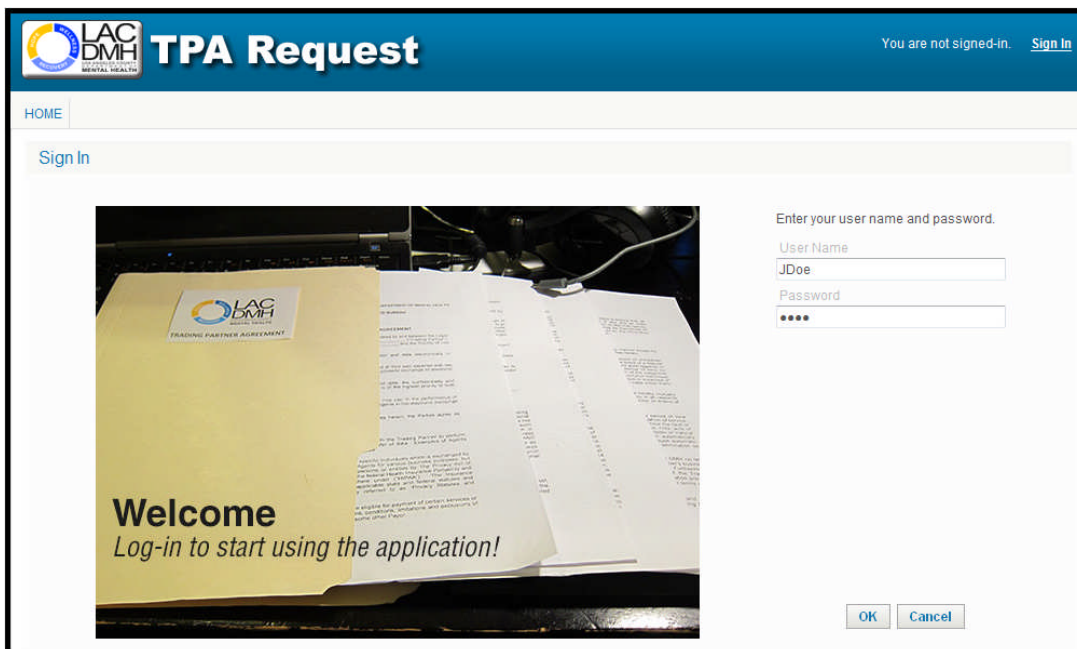
Contract Providers: [http://lacdmh.lacounty.gov/hipaa/IBHIS\\_EDI\\_Forms.htm](http://lacdmh.lacounty.gov/hipaa/IBHIS_EDI_Forms.htm)

Network Providers: [http://lacdmh.lacounty.gov/hipaa/ffs\\_IBHIS\\_EDI\\_Forms.htm](http://lacdmh.lacounty.gov/hipaa/ffs_IBHIS_EDI_Forms.htm)

Current RSA Card holders, who have not reset their password, please contact the helpdesk to reset/establish password before attempting to access the TPA.

Current RSA Card holders, who have already reset/established their password, can access the TPA via the links provided above.

1. Log into the application by entering your **User Name** and **Password**.
2. Click **OK**, or hit Enter.



**Note:** Only one (1) TPA Request may be submitted per Trading Partner.

Once you are logged in:

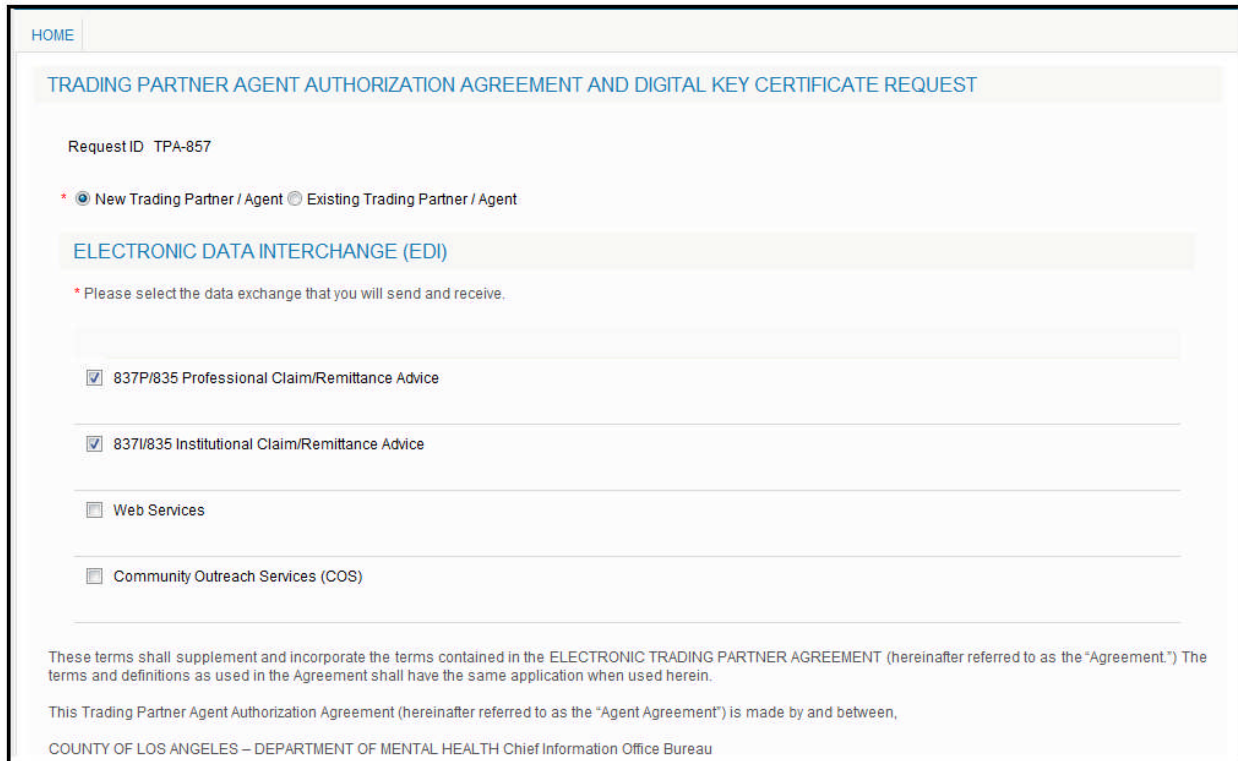
**Step 1- For a Legal Entity and Network Providers** (associated to one (1) provider): The **TPA Request Status** page will be displayed.

**Note:** For Network Providers associated to multiple providers, skip to Step 1a.

- To start the TPA request, click the  **Edit** Icon.

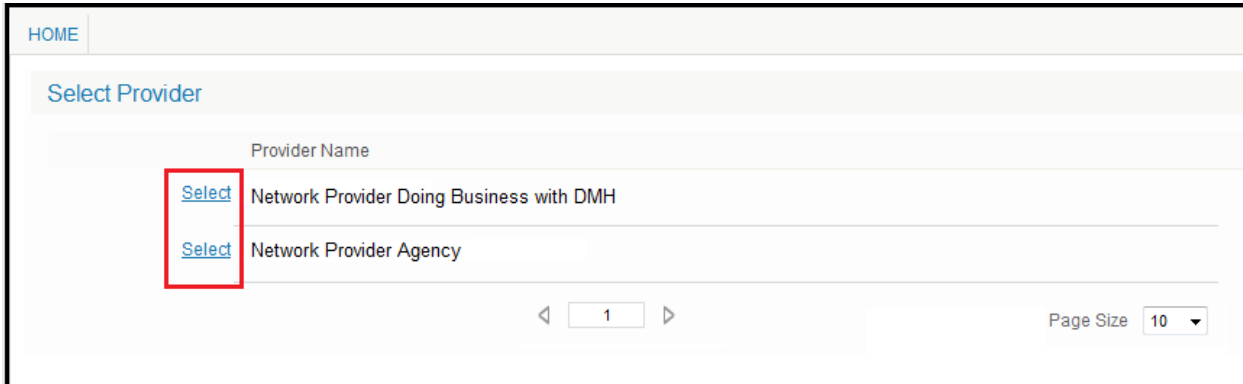


- The **TPA Request** form will be displayed.

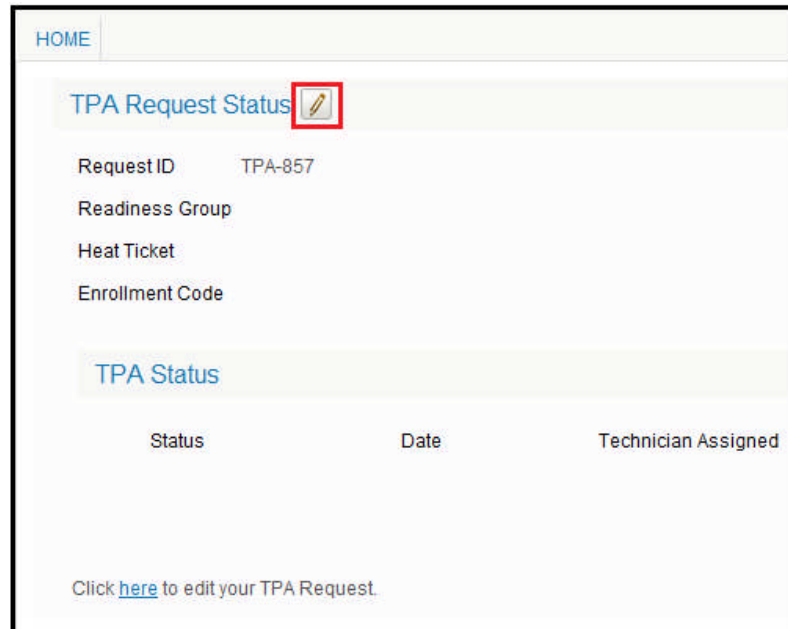


**Note:** Legal Entity and Network Providers associated to one (1) provider, skip to Section C2.

**Step 1a-For Network Providers** (with multiple providers): The **Select Provider** page will be displayed. You will have the option to select the provider you wish to create the TPA request for.



- To start the TPA request, click the  Edit Icon.





- The **TPA Request** form will be displayed.

[HOME](#)

TRADING PARTNER AGENT AUTHORIZATION AGREEMENT AND DIGITAL KEY CERTIFICATE REQUEST

Request ID TPA-857

☒ New Trading Partner / Agent ☐ Existing Trading Partner / Agent

ELECTRONIC DATA INTERCHANGE (EDI)

\* Please select the data exchange that you will send and receive.

☒ 837P/835 Professional Claim/Remittance Advice

☒ 837I/835 Institutional Claim/Remittance Advice

☐ Web Services

☐ Community Outreach Services (COS)

These terms shall supplement and incorporate the terms contained in the ELECTRONIC TRADING PARTNER AGREEMENT (hereinafter referred to as the "Agreement.") The terms and definitions as used in the Agreement shall have the same application when used herein.

This Trading Partner Agent Authorization Agreement (hereinafter referred to as the "Agent Agreement") is made by and between,

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH Chief Information Office Bureau

## C.2. Create Request

Fill out the TPA Form:

1. Select whether you are a New Trading Partner / Agent or an Existing Trading Partner / Agent.
  - a. The New Trading Partner / Agent option is intended for organizations currently NOT doing EDI with DMH.
  - b. The Existing Trading Partner / Agent option is intended for organizations currently doing EDI with DMH.

TRADING PARTNER AGENT AUTHORIZATION AGREEMENT

Request ID TPA-857

\* ☒ New Trading Partner / Agent ☐ Existing Trading Partner / Agent

### Electronic Data Interchange (EDI)

2. Select the data interchange (interfaces) that applies to your organization (more than one may be selected).

**Note:** Network Providers will have a “Provider Connect” option.

Legal Entity Options:	Network Provider Options:
<div style="background-color: #f2f2f2; padding: 5px; margin-bottom: 10px;"><b>ELECTRONIC DATA INTERCHANGE (EDI)</b></div> <p>* Please select the data exchange that you will send and receive.</p> <div style="margin-bottom: 10px;"><input checked="" type="checkbox"/> 837P/835 Professional Claim/Remittance Advice</div> <div style="margin-bottom: 10px;"><input checked="" type="checkbox"/> 837I/835 Institutional Claim/Remittance Advice</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Web Services</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Community Outreach Services (COS)</div>	<div style="background-color: #f2f2f2; padding: 5px; margin-bottom: 10px;"><b>ELECTRONIC DATA INTERCHANGE (EDI)</b></div> <p>* Please select the data exchange that you will send and receive.</p> <div style="margin-bottom: 10px;"><input type="checkbox"/> 837P/835 Professional Claim/Remittance Advice</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> 837I/835 Institutional Claim/Remittance Advice</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Web Services</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Community Outreach Services (COS)</div> <div style="margin-bottom: 10px;"><div style="border: 2px solid red; padding: 2px;"><input checked="" type="checkbox"/> Provider Connect</div></div>

Trading Partner Information (\* indicates information is required)

Please verify the pre-populated fields, ensuring the information still applies and correct as needed.

1. **Trading Partner Type:** The organization type (Legal Entity or Network Provider) is a **required** and pre-populated field.
2. **Legal Entity / Network Provider Name:** The Legal Entity or Network Provider name is a **required** and pre-populated field.
3. **Legal Entity / Network Provider Number:** The Legal Entity or Network Provider number is a **required** and pre-populated field.
4. **Payee NPI Number:** The organization Payee National Provider Identifier (NPI) is a 10-digit number **required** field.
5. **DUNS Number:** The organization Data Universal Number System (DUNS) is a 9-digit number **required** field.
6. **Authorized Contact Name:** The name of the individual that is authorized to sign the Trading Partner Agreement is a **required** field.
7. **Authorized Contact Title:** The title of the individual that is authorized to sign the Trading Partner Agreement is a **required** field.
8. **Address:** The organizations address is a **required** field.
9. **State:** The organization State is a **required** field
10. **City:** The organizations City is a **required** field.
11. **Zip:** The organization Zip is a **required** field.
12. **Telephone:** The Telephone of the individual who is authorized to sign the Trading Partner Agreement is a **required** field. Follow this telephone number format: 9999999999.
13. **Fax Number:** The Authorized Contact's Fax Number field is optional.
14. **Email Address:** The Authorized Contact's e-mail address field is optional.  
**Note:** A notification will be sent to this email address when a test and/or production key are sent to the IT Contact.

### TRADING PARTNER INFORMATION

\* indicates field is required.

* Trading Partner Type	Legal Entity		
* Legal Entity Name	<input type="text" value="Legal Entity Doing Business with DMH"/>		
* Legal Entity Number	<input type="text" value="00999"/>		
* Payee NPI Number	<input type="text" value="999999999"/>		
* DUNS Number	<input type="text" value="999999999"/>		
* Authorized Contact Name	<input type="text" value="John Doe"/>		
* Authorized Contact Title	<input type="text" value="CEO"/>		
* Address	<input type="text" value="1234 S. Lane Street"/>		
* City	<input type="text" value="Los Angeles"/>	* State	<input type="text" value="California"/>
* Telephone	<input type="text" value="999999999"/>	* ZIP	<input type="text" value="90099"/>
Fax Number	<input type="text"/>		
Email Address	<input type="text" value="JDoe@gmail.com"/>		

Trading Partner Digital Certificate / Technical / EDI Contact Information (\* indicates information is required)

This section pertains to your organizations technical primary contact for IBHIS Digital Certificate (Key) download.

1. **Name:** Technical Contact Name is a **required** field.
2. **Title:** Technical Contact Title is an optional field.
3. **Address, State, City and Zip:** Technical Contact Address, State, City and Zip are optional fields.
4. **Telephone:** Technical Contact Telephone is a **required** field. The telephone number format is: 9999999999.
5. **Email Address:** Technical Contact e-mail is a **required** field.

**Note:** The e-mail in this section will be used when setting-up the user account in MPKI system, in order to receive Test and Production Digital Keys. Instructions on how to install the keys will be sent to this email address.

**TRADING PARTNER DIGITAL CERTIFICATE / TECHNICAL / EDI CONTACT INFORMATION**


Please make sure that this information pertains to the individual that will be installing the Digital Certificate. The e-mail with instructions to install the certificate will be sent to this email address.


* Name	<input type="text" value="John Smith"/>		
Title	<input type="text" value="IT Supervisor"/>		
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text" value="California"/>
		ZIP	<input type="text"/>
* Telephone	<input type="text" value="9999999999"/>		
Fax Number	<input type="text"/>		
*Email Address	<input type="text" value="JSmith@gmail.com"/>		

Of the following; provide the information that is applicable to your request:

Billers Information, Clearinghouse Information, Software Vendor Information, and/or Consultant Information.

**Note:** Email addresses provided in any of the following sections, will receive an email notification, once the test and production keys are sent to the IT Contact.

- Click  to expand or collapse each section.

 **BILLER INFORMATION**

Organization Name

Authorized Contact Name

Authorized Contact Title

Address

City

State

California


ZIP

Telephone


Fax Number

Email Address

IF CLEARINGHOUSE WILL BE USED FOR DATA INTERCHANGE, PLEASE COMPLETE THE FOLLOWING FIELDS:

 **CLEARINGHOUSE INFORMATION**

IF SOFTWARE VENDOR WILL BE USED FOR DATA INTERCHANGE, PLEASE COMPLETE THE FOLLOWING FIELDS:

 **SOFTWARE VENDOR INFORMATION**

IF CONSULTANT WILL BE USED FOR DATA INTERCHANGE, PLEASE COMPLETE THE FOLLOWING FIELDS:

 **CONSULTANT INFORMATION**

**Trading Partner Business Contact:** This section pertains to the business operations contact for your organization.

**Note:** Email address provided in this section, will receive an email notification, once the test and production keys are sent to the IT Contact.

**TRADING PARTNER BUSINESS CONTACT INFORMATION**

Name

Title

Address

City  State  ZIP

Telephone

Fax Number

Email Address

The signed TPA must be attached for the request to be processed. Follow the steps described below to download, print, sign, scan, and upload the original TPA form with your TPA request.

1. Click the word **here** to download the blank Trading Partner Agreement packet.

**NOTE:** All forms must be completed for approval.

2. Print the packet, sign it, scan and save it to your PC in a convenient location.

**NOTE:** The person signing must have contract signing authority.

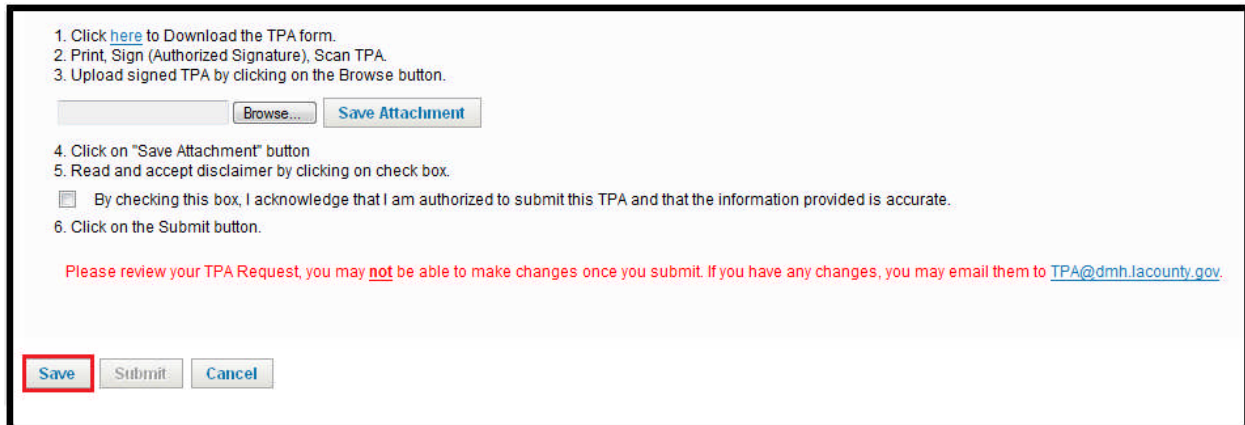
3. Click the **Browse** button to find the TPA document which you have saved in the step above, and select it.

**NOTE:** You may **ONLY** save these file formats: PDF, JPG, PNG, BMP and/or Jpeg.

4. Click the **Save Attachment** button. You will get a confirmation notification that your file has been uploaded.
5. Click the check box to acknowledge that you have authority to submit the TPA and that all information is accurate.

### C.3. Save/Draft Request

The TPA form may be saved until it is ready to be submitted by clicking the **Save** button.



1. Click [here](#) to Download the TPA form.  
2. Print, Sign (Authorized Signature), Scan TPA.  
3. Upload signed TPA by clicking on the Browse button.

4. Click on "Save Attachment" button  
5. Read and accept disclaimer by clicking on check box.  
☐ By checking this box, I acknowledge that I am authorized to submit this TPA and that the information provided is accurate.  
6. Click on the Submit button.

Please review your TPA Request, you may **not** be able to make changes once you submit. If you have any changes, you may email them to [TPA@dmh.lacounty.gov](mailto:TPA@dmh.lacounty.gov).


- Once the form has been saved, click the **Home** tab to be routed to the **TPA Status** page to view the status of your request and to continue filling out the request.

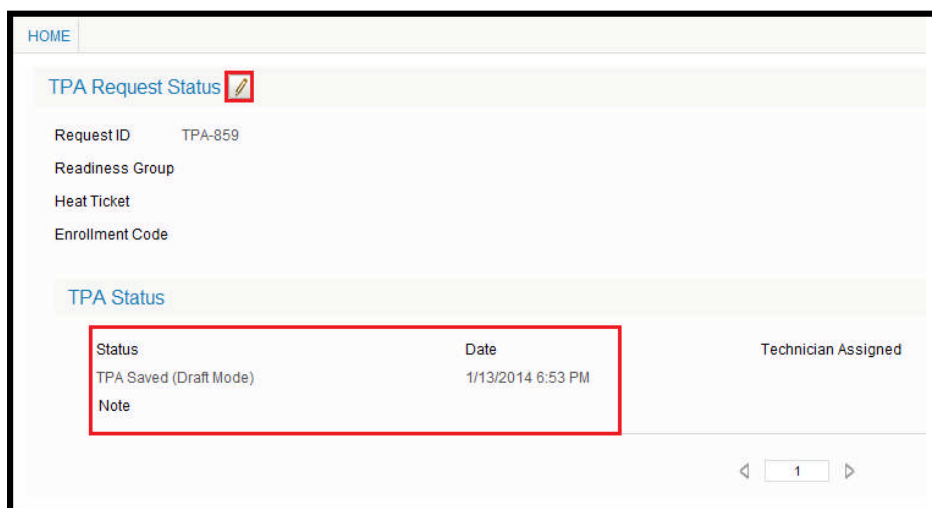
**Note:** The next time you login to the system, you will be routed to **TPA Status** page.



## C.4. Edit Request

While on Draft Mode, the edit icon will continue to be enabled, and the **TPA Status** will display “TPA Saved (Draft Mode)”.

To edit a TPA Request form while on Draft Mode, click the  icon. Make any necessary changes before submission.



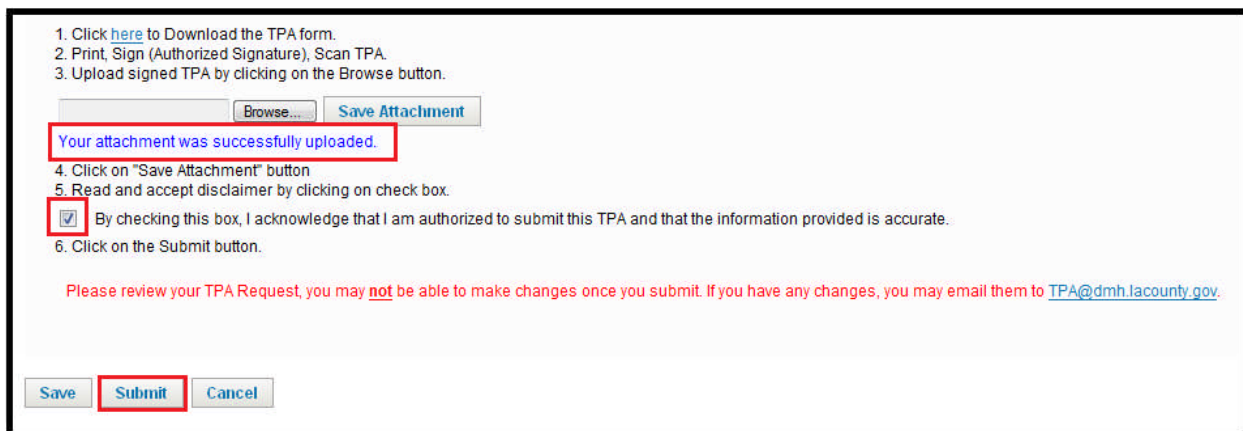
Status	Date	Technician Assigned
TPA Saved (Draft Mode)	1/13/2014 6:53 PM	
Note		

**Note:** Only one TPA Request may be submitted per Trading Partner.  
Once the form has been submitted, information is not editable. To modify a TPA after submission, please contact: [TPA@dmh.lacounty.gov](mailto:TPA@dmh.lacounty.gov). A confirmation will be sent when the changes are completed.

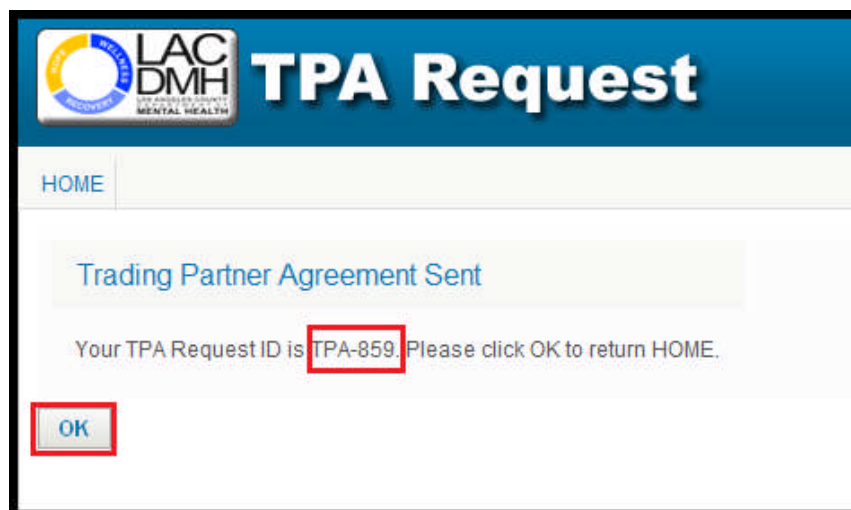
## C.5. Submit Request

To submit the TPA Request form, complete the required information, ensure that the signed original TPA form is attached and the acknowledgment checkbox is selected.

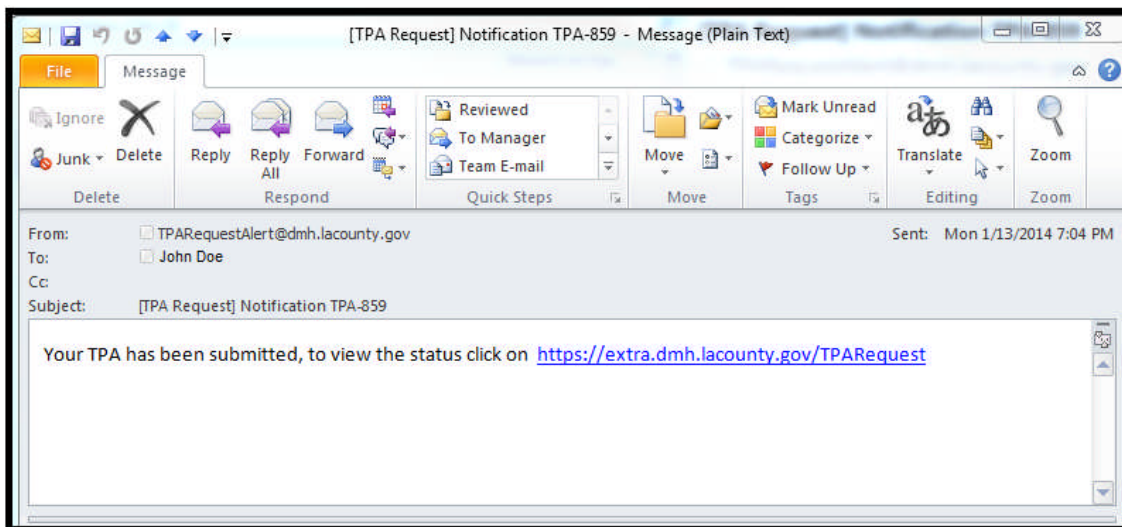
- Once the acknowledgment checkbox is selected, the **Submit** button will be enabled.
- Click **Submit**.

A screenshot of the TPA Request submission form. It includes instructions: 1. Click [here](#) to Download the TPA form. 2. Print, Sign (Authorized Signature), Scan TPA. 3. Upload signed TPA by clicking on the Browse button. Below these are "Browse..." and "Save Attachment" buttons. A red box highlights the message "Your attachment was successfully uploaded." Below this are instructions 4. Click on "Save Attachment" button, 5. Read and accept disclaimer by clicking on check box. A red box highlights a checked checkbox and the text "By checking this box, I acknowledge that I am authorized to submit this TPA and that the information provided is accurate." Instruction 6. Click on the Submit button. A red text warning states: "Please review your TPA Request, you may not be able to make changes once you submit. If you have any changes, you may email them to [TPA@dmh.lacounty.gov](mailto:TPA@dmh.lacounty.gov)." At the bottom are "Save", "Submit" (highlighted with a red box), and "Cancel" buttons.

Once the TPA form has been submitted, a confirmation page and TPA Request confirmation number will be displayed. Click the **OK** button to be routed to the TPA Status Page.

A screenshot of the TPA Request confirmation page. The header shows the LAC DMH logo and "TPA Request". Below is a "HOME" link. A message box says "Trading Partner Agreement Sent". Below that, it says "Your TPA Request ID is **TPA-859**. Please click OK to return HOME." A red box highlights the "TPA-859" ID. At the bottom, a red box highlights an "OK" button.

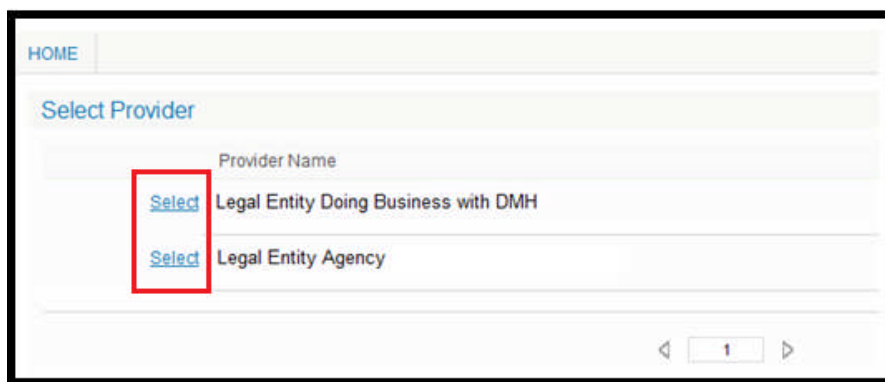
- After the TPA Request has been submitted an email notification will be sent to the individual submitting the TPA.



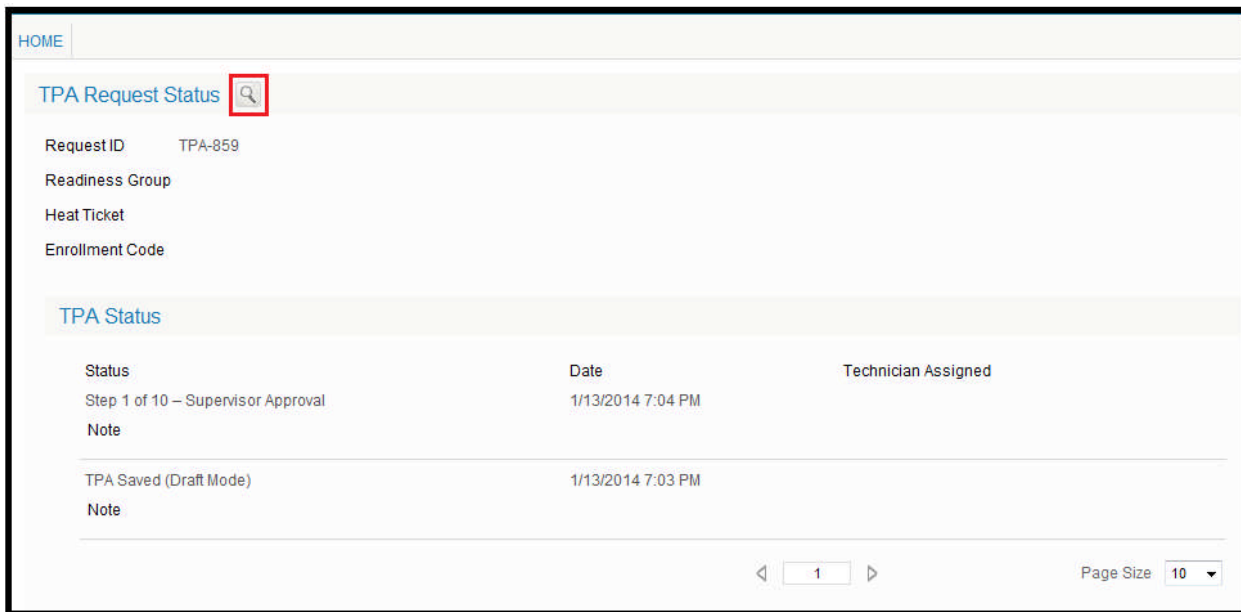
## C.6. View Status of a Request

To view the TPA status for a provider; select the provider you wish to see the status for.

**Note:** If you are only associated to one provider, skip this step.



The **TPA Request Status** page will display the status of the request.



HOME

**TPA Request Status**

Request ID TPA-859

Readiness Group


Heat Ticket

Enrollment Code

**TPA Status**

Status	Date	Technician Assigned
Step 1 of 10 – Supervisor Approval Note	1/13/2014 7:04 PM	
TPA Saved (Draft Mode) Note	1/13/2014 7:03 PM	

Page Size 10

Click the  Show icon to view the completed TPA Request form.

Once your TPA is approved, a technician will be assigned to process this request. You may log in to the application to see the status at any time.

The following are descriptions of certification steps:

**TPA Saved (Draft Mode):** Initial status when TPA is saved, not submitted.

**Step 1 of 10 – Supervisor Approval:** Status showing the initial review/pending approval by the DMH Administrator.

**Step 2 of 10 – Technician Assigned:** Status showing approval and assignment to a Provisioning Technician.

**Step 3 of 10 – Enrollment Code Added:** Status showing digital certificate (key) download pending.

**Step 4 of 10 – Test Keys sent to TP:** Status showing test digital certificate (key) available for download.

**Step 5 of 10 – Completed Digital Key Testing:** Status showing confirmation that your organization has established successful communications with DMH.

**Step 6 of 10 – Structural Validation Status:** Status showing EDI test files have passed structural validation.

**Step 7 of 10 – HIPAA (EDI Only) Validation Status:** Status showing EDI test files have passed HIPAA validation.

**Step 8 of 10 – Business Rule Validation Status:** Status showing EDI test files have passed content validation.

**Step 9 of 10 – Ready for Production:** Status showing EDI test file(s) have successfully passed the content validation.

**Step 10 of 10 – Production Key Packet Set:** Status showing production digital certificate (key) available for download.

**Modified TPA:** Status showing that the TPA has been modified.

**Contact Technician** – Status requesting for the TP contact the Provisioning Technician.

**Additional Comments** – Status showing additional comments.

**\*\*\*IMPORTANT\*\*\***

The next step will be to install a test certificate on your computer.

Within 1 – 5 working days you will receive an e-mail from:

**Enterprise PKI Support <support@pki.symantec.com>**

Once you receive the e-mail, follow the steps in the:

**DMH Digital Certificate Management – Initial Installation Guide**

Located:

**Contract Providers:** [http://lacdmh.lacounty.gov/hipaa/IBHIS\\_EDI\\_Guides.htm](http://lacdmh.lacounty.gov/hipaa/IBHIS_EDI_Guides.htm)

**Network Providers:** [http://lacdmh.lacounty.gov/hipaa/ffs\\_IBHIS\\_EDI\\_Guides.htm](http://lacdmh.lacounty.gov/hipaa/ffs_IBHIS_EDI_Guides.htm)